

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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SHEET 1 of 2

Complete if Known

Application Number	10/810,768
Filing Date	March 26, 2004
First Named Inventor	William F. Niland
Art Unit	3771
Examiner Name	Teena Kay Mitchell
Attorney Docket No.	HQS-107US

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
		US-2006/0037613	02-23-2006	Kwok et al.	
		US-2006/0118111	06-08-2006	Pelerossi et al.	
		US-4,010,748	03-08-1977	Dobritz	
		US-4,060,576	11-29-1977	Grant	
		US-4,163,371	08-07-1979	Groninger	
		US-4,319,566	03-16-1982	Hayward et al.	
		US-4,463,755	08-07-1984	Suzuki	
		US-4,921,642	05-01-1990	LaTorraca	
		US-5,031,612	07-16-1991	Clementi	
		US-5,036,847	08-06-1991	Boussignac et al.	
		US-5,109,471	04-28-1992	Lang	
		US-5,195,515	03-23-1993	Levine	
		US-5,901,705	05-11-1999	Leagre	
		US-6,129,082	10-10-2000	Leagre	
		US-6,397,841	06-04-2002	Kenyon et al.	
		US-6,536,428	03-25-2003	Smith et al.	
		US-6,769,431	08-03-2004	Smith et al.	
		US-6,953,354	10-11-2005	Edirisuriya et al.	
		US-7,086,399	08-08-2006	Makinson et al.	
		US-7,140,367	11-28-2006	White et al.	
		US-7,146,979	12-12-2006	Seakins et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁴
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